

BP-S717.055

DEC 05

U. S. DEPARTMENT OF JUSTICE

Fifteen Minute Restraints Check Form (24-Hours) CDFRM

FEDERAL BUREAU OF PRISONS

| PRINTED STAFF NAME | INIT |
|--------------------|------|
| R. Hanes | RK |
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| PRINTED STAFF NAME | INIT |
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Attachment F

BP-S718.055 Two-Hour Lieutenant Restraints Check Form (24-Hours) CDFRM

DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | | |
|---|-----------|---|
| Inmate Name: | Reg. No.: | Inst.: |
| Hill, David | 1Q585-007 | LEW |
| 24-Hour Period Beginning: 6-22-10 | 9:10 AM | Ending: _____ |
| Date | Time | Date Time |
| Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * A Lieutenant must check the general welfare of the inmate every two (2) hours. * Use a separate form for every 24-hour period the inmate remains in restraints. | | * Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. |

| | | |
|---|--|----------------|
| Lieutenant Name: J. Heone (Typed Name and Signature) | Date: 6/22/10 | Time: 11:06 AM |
| Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Describe Inmate's Behavior: Inmate asked if he would be calm if removed from restraints. Inmate stated "fuck you." Has not regained self control. | | |
| Action Taken: Continue Restraints | | |

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|---|--|----------------|
| Lieutenant Name: J. Heone (Typed Name and Signature) | Date: 6/22/10 | Time: 12:00 pm |
| Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Describe Inmate's Behavior: Inmate stated "fuck no" when asked if he would be calm if removed from restraints and placed in cell with another inmate. | | |
| Action Taken: Continue Restraints | | |

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|--|---|-------------|
| Lieutenant Name: _____ (Typed Name and Signature) | Date: _____ | Time: _____ |
| Desired Calming Effect? Yes <input type="checkbox"/> No <input type="checkbox"/> | Toilet Used? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Describe Inmate's Behavior: _____ | | |
| Action Taken: _____ | | |

BP-8718.055 Two-Hour Lieutenant Restraints Check Form (24-Hours) CDfrm
 DEC 05
 U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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|--|-------------------------------|--|------|------|
| Inmate Name: <i>Hill, David</i> | Reg. No.: <i>12585-007</i> | Inst.: <i>USP Lewisburg</i> | | |
| 24-Hour Period Beginning: <i>6/22/10</i> | Date | Ending: <i>2:45 PM</i> | Date | Time |
| Instructions: | | <ul style="list-style-type: none"> * Enter beginning and ending dates/times at top of form for each 24-hour period. * A Lieutenant must check the general welfare of the inmate every two (2) hours. * Use a separate form for every 24-hour period the inmate remains in restraints. | | |

| | | |
|---|--|----------------------|
| Lieutenant Name: <i>P. Cartasquillo</i> (Typed Name and Signature) | Date: <i>6/22/10</i> | Time: <i>4:00 PM</i> |
| Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Describe Inmate's Behavior: <i>Hill still acting aggressive. Stated "I can be here forever and won't change."</i> | | |
| Action Taken: <i>Continue in Restraints</i> | | |

| | | |
|---|--|----------------------|
| Lieutenant Name: <i>P. Cartasquillo</i> (Typed Name and Signature) | Date: <i>6/22/10</i> | Time: <i>6:00 PM</i> |
| Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Describe Inmate's Behavior: <i>I stated, "Fuck this shit, I can do this all night. Water gives. I'd like beer."</i> | | |
| Action Taken: <i>Continue in Restraints</i> | | |

| | | |
|--|--|----------------------|
| Lieutenant Name: <i>R. Johnson</i> (Typed Name and Signature) | Date: <i>6/22/10</i> | Time: <i>8:00 pm</i> |
| Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Describe Inmate's Behavior: <i>I'm restraints checked, paramedic checked I'm, I'm refused water. I'm attitude poor at this time.</i> | | |
| Action Taken: <i>Remain in restraints</i> | | |

| | | | | | | | |
|--|--------------------------------|--|--|-------------------------|---|--------------|--|
| Lieutenant Name: | <u>P. Cartasquillo R. Rayo</u> | | | Date: | <u>6/22/10</u> | Time: | <u>1000 AM</u> |
| (Typed Name and Signature) | | | | Desired Calming Effect? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Describe Inmate's Behavior: <u>INM feeling agitated and attitude poor stated, "Go fuck yourself" This is bullshit. Neither asked for water. I gave him 3 ounces of water</u> | | | | | | | |
| Action Taken: <u>Continue of Restraints.</u> | | | | | | | |

| | | | | | | | |
|---|----------------|--|--|-------------------------|---|--------------|---|
| Lieutenant Name: | <u>E Shurt</u> | | | Date: | <u>6/23/10</u> | Time: | <u>1200</u> |
| (Typed Name and Signature) | | | | Desired Calming Effect? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Describe Inmate's Behavior: <u>Inmate refused to speak used unusual. Can not determine behavior</u> | | | | | | | |
| Action Taken: <u>Continue in restraints</u> | | | | | | | |

| | | | | | | | |
|---|--------------------|--|--|-------------------------|---|--------------|---|
| Lieutenant Name: | <u>E Shurt llb</u> | | | Date: | <u>6/23/10</u> | Time: | <u>200 A</u> |
| (Typed Name and Signature) | | | | Desired Calming Effect? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Describe Inmate's Behavior: <u>inmate given water restraints adjusted could not speak other than Complaining about restraints given 8 oz of water</u> | | | | | | | |
| Action Taken: <u>Continue in restraints</u> | | | | | | | |

| | | | | | | | |
|--|--------------------|--|--|-------------------------|---|--------------|---|
| Lieutenant Name: | <u>E Shurt llb</u> | | | Date: | <u>6/23/10</u> | Time: | <u>400 A</u> |
| (Typed Name and Signature) | | | | Desired Calming Effect? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Toilet Used? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Describe Inmate's Behavior: <u>inmate refused to answer questions given unusual to use. Can not determine behavior</u> | | | | | | | |
| Action Taken: <u>Continue in restraints</u> | | | | | | | |

Lieutenant Name: E Shunk Date: 6/23/10 Time: 600A
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: Restraints Checked PA Checked Urine
not speak can not determine if under control

Action Taken: Continue in restraints

Lieutenant Name: M Saylor Date: 6/23/10 Time: 800 AM
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: Restraints checked PA checked I'm want
not answer any questions, no response to way to
determine if I'm is under control

Action Taken: CONTINUE RESTRAINTS

Lieutenant Name: J. Hearn Date: 6/23/10 Time: 1000
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: Inmate remains agitated and verbally aggressive. Attempted
to converse with inmate, I'm stated "f*** you motherf***er". Banging
restraints against bed. Not calm. Refused use of toilet, food, and water.

Action Taken: Continue Restraints

Lieutenant Name: M Saylor Date: 6/23/10 Time: 1200
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: I'm REMAINS NON-COMPLIANT REFUSES
TO ANSWER QUESTIONS, CONTINUES TO STRUGGLE AGAINST RESTRAINTS
WHEN CHECKS ARE PERFORMED

Action Taken: CONTINUE RESTRAINTS

| | | | | | | |
|---|------------------------------|--|--------------|------------------------------|--|-------------|
| Lieutenant Name: | <u>J. Heppas</u> | | Date: | <u>6/23/10</u> | Time: | <u>1405</u> |
| (Typed Name and Signature) | | | Toilet Used? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Desired Calming Effect? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | |
| Describe Inmate's Behavior: Inmate continues to threaten violence towards any inmate he is placed in a cell with. Refused use of toilet and water when offered. | | | | | | |
| Action Taken: | Continue Restraints | | | | | |

| | | | | | | |
|---|------------------------------|--|--------------|------------------------------|--|--------------|
| Lieutenant Name: | <u>P.Carrasquillo</u> | | Date: | <u>6/23/10</u> | Time: | <u>400PM</u> |
| (Typed Name and Signature) | | | Toilet Used? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Desired Calming Effect? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | |
| Describe Inmate's Behavior: /I'M very aggressive and upset. Stated, "Fuck you C. You worse than the white man!" Offered water, he refused | | | | | | |
| Action Taken: | Continue in Restraints | | | | | |

| | | | | | | |
|---|------------------------------|--|--------------|------------------------------|--|-------------|
| Lieutenant Name: | <u>M. Edinger/M. Edinger</u> | | Date: | <u>6/23/10</u> | Time: | <u>1405</u> |
| (Typed Name and Signature) | | | Toilet Used? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Desired Calming Effect? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | |
| Describe Inmate's Behavior: inmate stated, "Lieutenant take one the fuck out of these cuffs or someone is going to get hurt." | | | | | | |
| Action Taken: | Remain in Restraints | | | | | |

| | | | | | | |
|--|------------------------------|--|--------------|------------------------------|--|--------------|
| Lieutenant Name: | <u>P.Carrasquillo</u> | | Date: | <u>6/23/10</u> | Time: | <u>800PM</u> |
| (Typed Name and Signature) | | | Toilet Used? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Desired Calming Effect? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | |
| Describe Inmate's Behavior: /I'M upset and is agitated. Attempted to feed but was too aggressive. Water offered. I believe not to take restraints off due to staff safety and his comments | | | | | | |
| Action Taken: | Continue in Restraints | | | | | |

Lieutenant Name: P. Carrasquillo Date: 6/23/10 Time: 10:00 PM
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: I/H was offered real one more time, stated, "Fuck you!" Offered water, he accepted. I/H still very upset and displays aggressive behavior towards staff.

Action Taken: Continue in restraints.

Lieutenant Name: D. Forni Date: 6/24/10 Time: 12:00
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: Inmate highly agitated (verb + thick air) You don't have, you ain't no lieutanant.

Action Taken: Remain in restraints

Lieutenant Name: D. Forni Date: 6/24/10 Time: 2:00
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: Inmate still very aggressive (verb + lots of anger) Asking to remain in here, you ain't (verb)

Action Taken: RF

Lieutenant Name: D. Forni Date: 6/24/10 Time: 4:00
 (Typed Name and Signature)

Desired Calming Effect? Yes No Toilet Used? Yes No

Describe Inmate's Behavior: Inmate still aggressive and again saying he need a real lieutanant to do the checks

Action Taken: Remain in restraints

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|--|---------------------------|--------------------------|-------|--------------------------|--------------|-------|--------------------------|----|-------------------------------------|
| Lieutenant Name: | (S Fussell) | | Date: | 6-24-10 | | Time: | 6:00 | | |
| (Typed Name and Signature) | | | | | | | | | |
| Desired Calming Effect? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Toilet Used? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Describe Inmate's Behavior: <i>Inmate pmsm displayed. Slight I&I</i> | | | | | | | | | |
| Attempt at seeing you so just go there instead of here. | | | | | | | | | |
| Action Taken: | <i>Bring in restraint</i> | | | | | | | | |

| | | | | | | | | | |
|---|--|-------------------------------------|-------|--------------------------|--------------|-------|--------------------------|----|-------------------------------------|
| Lieutenant Name: | (S Fussell) | | Date: | 6-24-10 | | Time: | 0830 | | |
| (Typed Name and Signature) | | | | | | | | | |
| Desired Calming Effect? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | Toilet Used? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Describe Inmate's Behavior: <i>Inmate displaying calming effect</i> | | | | | | | | | |
| Action Taken: | <i>Remove 4-Point and place in ambulatory restraints</i> | | | | | | | | |

| | | | | | | | | | |
|---|---|-------------------------------------|-------|--------------------------|--------------|-------|-------------------------------------|----|--------------------------|
| Lieutenant Name: | (S Fussell) | | Date: | 6-24-10 | | Time: | 1000 | | |
| (Typed Name and Signature) | | | | | | | | | |
| Desired Calming Effect? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | Toilet Used? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Describe Inmate's Behavior: <i>Inmate displaying calming effect</i> | | | | | | | | | |
| Action Taken: | <i>Removal from ambulatory restraints</i> | | | | | | | | |

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|-----------------------------|----------------------------|--------------------------|-------|--------------------------|--------------|-------|--------------------------|----|--------------------------|
| Lieutenant Name: | (Typed Name and Signature) | | Date: | | | Time: | | | |
| | | | | | | | | | |
| Desired Calming Effect? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Toilet Used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Describe Inmate's Behavior: | | | | | | | | | |
| Action Taken: | | | | | | | | | |

(This form may be replicated via WP)

Attachment G

BP-A719.055
DEC 05

U. S. DEPARTMENT OF JUSTICE

Health Services Restraint Review Form (24-Hours) CDFRM

FEDERAL BUREAU OF PRISONS

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|----------------------|------------------------|-------------------------|
| Inmate Name: Hill | Reg. No.: 12585-007 | Inst.: USP Lewisburg |
|----------------------|------------------------|-------------------------|

24-Hour Period Beginning: 06/22/2010 Date 3:00 pm Time Ending: _____ Date _____ Time _____

Instructions:

- * Enter beginning and ending dates/times at top of form for each 24-hour period.
- * Use a separate form for every 24-hour period the inmate remains in restraints.

- * Health Services staff must check the inmate twice during each eight (8) hour shift.
- * This form is used in addition to regular inmate medical file.

| | | | |
|--|------------------------------|---------------------------|-----------------------------------|
| Initial Assessment | Date: <u>06/22/2010</u> | Time: <u>3:00 pm</u> | Staff: <u>B. Walls, Paramedic</u> |
| Typed Name and Signature | | | |
| Body Position: | <u>Supine</u> | Restraints (circulation): | <u>No compromise</u> |
| Vital Signs: | BP: <u>(+)</u> radials | Pulse: <u>84</u> | Resp: <u>16</u> |
| Temp: <u>w/d</u> | | | |
| Current Medication(s): | <u>See BEMR</u> | | |
| Injuries, if any (complete separate inmate injury report): | <u>None</u> | | |
| Comments: | <u>No medical complaints</u> | | |

| | | | |
|--|-----------|--------------|--------------------------|
| Date: | Time: | Staff: | Typed Name and Signature |
| Body Position: _____ Restraints (circulation): _____ | | | |
| Vital Signs: | BP: _____ | Pulse: _____ | Resp: _____ Temp: _____ |
| Injuries Update: _____ | | | |
| Inmate Use of Toilet: _____ | | | |
| Inmate Consumption of Food or Liquid: _____ | | | |
| Overall Assessment of Inmate Health: _____ | | | |
| Comments: _____ | | | |

| | | | | | |
|---------------------------------------|--|--------|---------------------------|-------------|------------------|
| Date: | <u>6-22-10</u> | Time: | <u>1700</u> | Staff: | <u>C. Potter</u> |
| Typed Name and Signature | | | | | |
| Body Position: | <u>4 points</u> | | Restraints (circulation): | <u>Good</u> | |
| Vital Signs: | BP: | Pulse: | <u>76</u> | Resp: | <u>14</u> |
| Temp: <u>wd</u> | | | | | |
| Injuries Update: | <u>None noted</u> | | | | |
| Inmate Use of Toilet: | <u>WNL, some urine on floor</u> | | | | |
| Inmate Consumption of Food or Liquid: | <u>Refused H₂O, it will crave evening meal.</u> | | | | |
| Overall Assessment of Inmate Health: | <u>Fine</u> | | | | |
| Comments: | | | | | |

| | | | | | |
|---------------------------------------|--|--------|---------------------------|-------------|------------------|
| Date: | <u>6-22-10</u> | Time: | <u>2000</u> | Staff: | <u>C. Potter</u> |
| Typed Name and Signature | | | | | |
| Body Position: | <u>4 points</u> | | Restraints (circulation): | <u>Good</u> | |
| Vital Signs: | BP: | Pulse: | <u>74</u> | Resp: | <u>14</u> |
| Temp: <u>wd</u> | | | | | |
| Injuries Update: | <u>None noted</u> | | | | |
| Inmate Use of Toilet: | <u>WNL</u> | | | | |
| Inmate Consumption of Food or Liquid: | <u>Ate 1/2 1800 & 8oz H₂O</u> | | | | |
| Overall Assessment of Inmate Health: | <u>Fine</u> | | | | |
| Comments: | | | | | |

| | | | | | |
|---------------------------------------|---|--------|---------------------------|-------------|------------------|
| Date: | <u>6-23-10</u> | Time: | <u>0001</u> | Staff: | <u>C. Potter</u> |
| Typed Name and Signature | | | | | |
| Body Position: | <u>4 points</u> | | Restraints (circulation): | <u>Good</u> | |
| Vital Signs: | BP: | Pulse: | <u>69</u> | Resp: | <u>14</u> |
| Temp: <u>wd</u> | | | | | |
| Injuries Update: | <u>None noted</u> | | | | |
| Inmate Use of Toilet: | <u>urinated 300 cc out</u> | | | | |
| Inmate Consumption of Food or Liquid: | <u>Refused H₂O @ This Time</u> | | | | |
| Overall Assessment of Inmate Health: | <u>Fine</u> | | | | |
| Comments: | | | | | |

(This form may be replicated in via WP)

| | | | | | | | | |
|---------------------------------------|---------------------------|-------|---------------------------|-----------|----------------|--------------------------|-------|--|
| Date: | <u>6/23/10</u> | Time: | <u>780615</u> | Staff: | <u>G Brown</u> | Typed Name and Signature | | |
| Body Position: | <u>SUPNTK</u> | | Restraints (circulation): | | | <u>None</u> | | |
| Vital Signs: | BP: | | Pulse: | <u>78</u> | Resp: | <u>16</u> | Temp: | |
| Injuries Update: | <u>None</u> | | | | | | | |
| Inmate Use of Toilet: | <u>Provided</u> | | | | | | | |
| Inmate Consumption of Food or Liquid: | <u>8oz of water 6:200</u> | | | | | | | |
| Overall Assessment of Inmate Health: | <u>Appears well</u> | | | | | | | |
| Comments: | | | | | | | | |

| | | | | | | | | |
|---------------------------------------|-------------------------------|-------|---------------------------|--------|----------------|--------------------------|-------|--|
| Date: | <u>6/23/10</u> | Time: | <u>12:00</u> | Staff: | <u>G Brown</u> | Typed Name and Signature | | |
| Body Position: | <u>SUPNTK</u> | | Restraints (circulation): | | | <u>None</u> | | |
| Vital Signs: | BP: | | Pulse: | | Resp: | <u>17</u> | Temp: | |
| Injuries Update: | <u>None</u> | | | | | | | |
| Inmate Use of Toilet: | <u>Provided</u> | | | | | | | |
| Inmate Consumption of Food or Liquid: | <u>Provided</u> | | | | | | | |
| Overall Assessment of Inmate Health: | <u>Appears well</u> | | | | | | | |
| Comments: | <u>Inmate stated fuck off</u> | | | | | | | |

| | | | | | | | | |
|---------------------------------------|-------------------------------|-------|---------------------------|---------------|----------------|--------------------------|-------|--|
| Date: | <u>6/23/10</u> | Time: | <u>1353</u> | Staff: | <u>G Brown</u> | Typed Name and Signature | | |
| Body Position: | <u>SUPNTK</u> | | Restraints (circulation): | | | <u>None</u> | | |
| Vital Signs: | BP: | | Pulse: | <u>120/83</u> | Resp: | <u>16</u> | Temp: | |
| Injuries Update: | <u>None</u> | | | | | | | |
| Inmate Use of Toilet: | <u>Provided</u> | | | | | | | |
| Inmate Consumption of Food or Liquid: | <u>Appears well</u> | | | | | | | |
| Overall Assessment of Inmate Health: | <u>Provided</u> | | | | | | | |
| Comments: | <u>Inmate stated fuck off</u> | | | | | | | |

(This form may be replicated in via WP)

| | | | | | |
|---------------------------------------|---|--------|---------------------------------------|--------------------------|-----------------------|
| Date: | 6/24/10 | Time: | 0600 | Staff: | <u>F. FASCIANA PA</u> |
| | | | | Typed Name and Signature | |
| Body Position: | <u>Lying</u> | | Restraints (circulation): <u>Good</u> | | |
| Vital Signs: | BP: | Pulse: | 75 | Resp: | 16 |
| Temp: Afebrile | | | | | |
| Injuries Update: | <u>No new noted</u> | | | | |
| Inmate Use of Toilet: | <u>Available</u> | | | | |
| Inmate Consumption of Food or Liquid: | <u>Yes</u> <u>Good</u> | | | | |
| Overall Assessment of Inmate Health: | | | | | |
| Comments: | <u>Inmate talkative, alert & oriented</u> | | | | |

| | | | | | |
|---------------------------------------|---------------------------|--------|--------------------------|-------|--|
| Date: | Time: | Staff: | Typed Name and Signature | | |
| Body Position: | Restraints (circulation): | | | | |
| Vital Signs: | BP: | Pulse: | Resp: | Temp: | |
| Injuries Update: | | | | | |
| Inmate Use of Toilet: | | | | | |
| Inmate Consumption of Food or Liquid: | | | | | |
| Overall Assessment of Inmate Health: | | | | | |
| Comments: | | | | | |

| | | | | | |
|---------------------------------------|---------------------------|--------|--------------------------|-------|--|
| Date: | Time: | Staff: | Typed Name and Signature | | |
| Body Position: | Restraints (circulation): | | | | |
| Vital Signs: | BP: | Pulse: | Resp: | Temp: | |
| Injuries Update: | | | | | |
| Inmate Use of Toilet: | | | | | |
| Inmate Consumption of Food or Liquid: | | | | | |
| Overall Assessment of Inmate Health: | | | | | |
| Comments: | | | | | |

(This form may be replicated in via WP)

Attachment H

**Bureau of Prisons
Health Services
Clinical Encounter**

| | | | |
|-----------------|------------------|--------|-----------|
| Inmate Name: | HILL DAVID | Reg #: | 12585-007 |
| Date of Birth: | 05/16/1971 | Sex: | M |
| Encounter Date: | 06/24/2010 06:00 | Race: | BLACK |

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Fasciana, Francis MLP

Chief Complaint: No Complaint(s)

Subjective: - Inmate in 4-point restraints.

- Voices no complaints at this time.
- Refers being in restraints "because I don't want to take on a cellmate."
- Refers has been drinking water and eating daily.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|------------|-----------|-----------------|----------|--------|-----------------------|
| 06/24/2010 | 09:01 LEW | 75 | Radial | | Fasciana, Francis MLP |

Respirations:

| Date | Time | Rate Per Minute | Provider |
|------------|-----------|-----------------|-----------------------|
| 06/24/2010 | 09:01 LEW | 16 | Fasciana, Francis MLP |

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

Affect

Pleasant (yes), Cooperative (yes)

Peripheral Vascular

Arms

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Capillary Refill Normal (yes)

ASSESSMENT:

| Description | ICD9 | Status | Status Date | Progress | Type |
|-------------|------|--------|-------------|----------|------|
| | | | | | |

| | | | |
|-----------------|------------------|-------|-----------|
| Inmate Name: | HILL, DAVID | Reg#: | 12585-007 |
| Date of Birth: | 05/16/1971 | Sex: | M |
| Encounter Date: | 06/24/2010 09:00 | Race: | BLACK |

| Description | ICD9 | Status | Status Date | Progress | Type |
|--|-------|---------|-------------|-------------------|-----------------|
| Other medical exam for administrative purposes | V70.3 | Current | 06/22/2010 | Not Improved/Same | Temporary/Acute |

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

| Date Initiated | Format | Handout/Topic | Provider | Outcome |
|----------------|------------|-------------------|-------------------|--------------------------|
| 06/24/2010 | Counseling | Access to Care | Fasciana, Francis | Verbalizes Understanding |
| 06/24/2010 | Counseling | Preventive Health | Fasciana, Francis | Verbalizes Understanding |

Inmate encouraged to continue eating/drinking water daily. Encouraged to adhere to custody procedures.

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Fasciana, Francis MLP on 06/24/2010 09:05

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

| | | | |
|----------------|------------------|----------|-----------------------|
| Inmate Name | WHITE DAVID | Reg# | 2585007 |
| Date of Birth | 05/16/1974 | Race | BLACK |
| Encounter Date | 06/24/2010 06:00 | Provider | Fasciana Francis M.P. |
| | | Facility | LEW |

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:30.

**Bureau of Prisons
Health Services
Clinical Encounter**

| | | | |
|-----------------|------------------|-------|------------|
| Inmate Name: | HILL DAVID | Reg#: | 112585-007 |
| Date of Birth: | 05/16/1974 | Sex: | M |
| Encounter Date: | 06/24/2010 00:01 | Race: | BLACK |

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Prince, B. EMT-P

Chief Complaint: No Complaint(s)

Subjective: IM in 4-point restraints. Offers no medical complaint.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|------------|-----------|-----------------|-------------|---------|------------------|
| 06/24/2010 | 00:01 LEW | 87 | Via Machine | Regular | Prince, B. EMT-P |

Respirations:

| Date | Time | Rate Per Minute | Provider |
|------------|-----------|-----------------|------------------|
| 06/24/2010 | 00:01 LEW | 16 | Prince, B. EMT-P |

Blood Pressure:

| Date | Time | Value | Location | Position | Cuff Size | Provider |
|------------|-----------|--------|----------|----------|-------------|------------------|
| 06/24/2010 | 00:01 LEW | 122/68 | Left Arm | Lying | Adult-large | Prince, B. EMT-P |

SaO2:

| Date | Time | Value(%) | Air | Provider |
|------------|-----------|----------|----------|------------------|
| 06/24/2010 | 00:01 LEW | 98 | Room Air | Prince, B. EMT-P |

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Appears in Pain (no), Appears In Distress (no)

Affect

Pleasant (yes), Cooperative (yes)

Pulmonary

Observation/Inspection

Normal (yes)

Cardiovascular

| | | | |
|-----------------|------------------|-----------|------------------|
| Inmate Name: | HILL, DAVID | Reg. #: | 12585-007 |
| Date of Birth: | 10/16/1971 | Sex: | M |
| Encounter Date: | 06/24/2010 00:01 | Provider: | Prince, B. EMT-P |

Exam:**Observation**

Normal Rate (yes), Regular Rhythm (yes).

Peripheral Vascular**Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:**Other:**

Restraint checks. IM drank 360ml of water.

Patient Education Topics:

| Date Initiated | Format | Handout/Topic | Provider | Outcome |
|----------------|------------|----------------|------------|--------------------------|
| 06/24/2010 | Counseling | Access to Care | Prince, B. | Verbalizes Understanding |

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Prince, B. EMT-P on 06/24/2010 00:23

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

| | | | |
|-----------------|------------------|-----------|--------------------|
| Inmate Name: | HILL, DAVID | Reg#: | 12585-007 |
| Date of Birth: | 05/16/1971 | Sex: | M |
| Encounter Date: | 06/24/2010 00:04 | Provider: | Prince, B (EMR-PS) |

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:30.

**Bureau of Prisons
Health Services
Clinical Encounter**

| | |
|----------------------------------|----------------------------|
| Inmate Name: HILL, DAVID | Reg #: 12585-007 |
| Date of Birth: 10/16/1971 | Sex: M |
| Encounter Date: 06/23/2010 18:20 | Provider: Prince, B. EMT-P |

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Prince, B. EMT-P

Chief Complaint: Breathing Problems

Subjective: IM in 4-point restraints. States he is having an asthma attack.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|------------|-----------|-----------------|----------|---------|------------------|
| 06/23/2010 | 18:20 LEW | 88 | Radial | Regular | Prince, B. EMT-P |

Respirations:

| Date | Time | Rate Per Minute | Provider |
|------------|-----------|-----------------|------------------|
| 06/23/2010 | 18:20 LEW | 16 | Prince, B. EMT-P |

SaO2:

| Date | Time | Value(%) | Air | Provider |
|------------|-----------|----------|----------|------------------|
| 06/23/2010 | 18:20 LEW | 99 | Room Air | Prince, B. EMT-P |

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Dyspneic (no), Appears in Pain (no), Appears in Distress (no), Pale (no), Cyanotic (no), Diaphoretic (no)

Affect

Cooperative (no), Agitated (yes)

IM irritated and yelling at the Lt non-stop, in full sentences without difficulty.

Pulmonary

Observation/Inspection

Normal (yes), Respiratory Distress (no), Tachypnea (no), Obstructive Breathing (no)

Auscultation

Clear to Auscultation Bilaterally (yes)

Cardiovascular

Observation

Normal Rate (yes), Regular Rhythm (yes)

| | | | |
|-----------------|---------------------|-------|-----------|
| Inmate Name: | HILL DAVID | Reg#: | 12585-007 |
| Date of Birth: | 05/16/1974 | Sex: | M |
| Provider: | Prince, B. EMT-P | Race: | BLACK |
| Facility: | LEW | | |
| Encounter Date: | 06/23/2010 18:46:20 | | |

Exam:**Peripheral Vascular****Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

Genitourinary

Urine noted on bed and clothes.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:**Other:**

Restraint check. IM offered food and water but declined.

Patient Education Topics:

| <u>Date Initiated</u> | <u>Format</u> | <u>Handout/Topic</u> | <u>Provider</u> | <u>Outcome</u> |
|-----------------------|---------------|----------------------|-----------------|-------------------------|
| 06/23/2010 | Counseling | Access to Care | Prince, B. | No Evidence of Learning |
| 06/23/2010 | Counseling | Diet | Prince, B. | No Evidence of Learning |

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Prince, B. EMT-P on 06/23/2010 18:46

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

| | | | |
|----------------|------------------|----------|----------------|
| Inmate Name | HILL, DAVID | Reg# | 12585-007 |
| Date of Birth | 05/16/1971 | Sex | M |
| Encounter Date | 06/23/2010 18:20 | Provider | Prince B EMT-P |
| | | Race | BLACK |
| | | Facility | LEW |

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:29.

**Bureau of Prisons
Health Services
Clinical Encounter**

| | | | |
|-----------------|------------------|-----------|------------------|
| Inmate Name: | HILL DAVID | Reg#: | 12585-007 |
| Date of Birth: | 05/16/1971 | Sex: | M |
| Encounter Date: | 06/23/2010 16:15 | Race: | BLACK |
| | | Provider: | Prince, B. EMT-P |
| | | Facility: | LEW |

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Prince, B. EMT-P

Chief Complaint: No Complaint(s)

Subjective: IM in 4-point restraints. Offers no medical complaint.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Location</u> | <u>Rhythm</u> | <u>Provider</u> |
|-------------|-------------|------------------------|-----------------|---------------|------------------|
| 06/23/2010 | 16:15 LEW | 68 | Radial | Regular | Prince, B. EMT-P |

Respirations:

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Provider</u> |
|-------------|-------------|------------------------|------------------|
| 06/23/2010 | 16:15 LEW | 16 | Prince, B. EMT-P |

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Appears in Pain (no), Appears in Distress (no)

Affect

Cooperative (no), Agitated (no)

Pulmonary

Observation/Inspection

Normal (yes)

Cardiovascular

Observation

Normal Rate (yes), Regular Rhythm (yes)

Peripheral Vascular

Arms

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

Genitourinary